

**STATE OF NORTH CAROLINA DIVISION OF SOCIAL SERVICES
CONTRACT BUDGET**

SUMMARY Contractor	Contract ID#	Effective Period	
		From_____	To_____

Part I – Revenues

Program Costs	Amount	% of Funds	Source of Funds
1. Maximum Federal Funds	\$ 56,678	25%	SSBG
	\$ 226,708	75 %	IV-B-1
2. Maximum State Funds	\$ 0	%	
3. Contractor Match Funds - Cash	\$	%	
4. Contractor Match Funds - In-Kind	\$ 79,813	%	
5. State Match Funds - Cash	\$	%	
6. TOTAL PROGRAM COST	\$ 363,199		

*Total of #1 and #2 should equal Part II, Column 2.

*Total of #3 and #4 should equal Part II, Column 1. *Line 6 should equal Part II, Column 3.

Part II - Estimated Expenditures

Object of Expenditure	Column 1	Column 2	Column 3
	Contractor Funds (Cash and/or In-Kind)	Federal/State Funds	Total Program Costs
A. Salaries	49,417	62,075	111,492
B. Fringe Benefits	7,021	5,259	12,80
C. Staff Development-	0	4,365	4,365
D. Travel	0	15,001	15,001
E. Equipment Purchases-Tangible Property	2,125	4,000	6,125
F. Transportation-Recipient	0	0	0
G. Medical Supplies and Expense	0	0	0
H. Cost of Space-Non-Residential	0	0	0
I. Room & Board-Residential Treatment	0	0	0
J. Service Payments	0	0	0
K. Other	11,250	108,719	119,969
L. Indirect Costs	10,000	83,967	96,967
M. Totals	79,813	283,386	363,199

Part III – APPROVAL SIGNATURE

Signed: **ORIGINAL SIGNATURE - BLUE INK**
Contractor / Authorized Official

Date: _____

**Purchase Contract Budget
Supporting Budget Schedules**

A. Salary - Contractor Staff only (excluding Recipient Transportation Salaries)									
(1) Number of Persons	(2) Position or Title	(3) Pay Grade	(4) % FTE	(5) No. Mos. Emp'd	(6) Annual Salary	(7) Match	(8) Federal State	(9) Total Cost	
1	Program Director - Academic		50	9	65,000 (9)		32,500	32,500	
2	- Summer		.25	3	21,667 (3)	5,417		5,417	
	Social Workers		.50	12	30,500	15,250	15,250	30,500	
1	Social Worker		.75	10	46,000	28,750		28,750	
1	Administrative Assistant		.50	12	18,650		9,325	9,325	
1	Secretary \$10 per hr X 20 hr/wk X 28 wks						5,000	5,000	
			Full-time FTE	2.5					
			Part-time FTE	0.24					
Attach a copy of job description for each position listed above.						Total – Salaries (A.)	49,417	62,075	111,492
B. Fringe Benefits for Contractor Staff listed in A (excluding Recipient Transportation Fringe Benefits)									
(1) Type (Itemize)	(2) Method of Computation (Itemize)					(3) Match	(4) Federal State	(5) Total Cost	
FICA - Full-time	7.65 X 106,492					4,888	3,259	8,147	
FICA - Part-time	7.65 X 5,000					383		383	
Health Ins. - Full-time	\$1,500/yr X 2.5					1,750	2,000	3,750	
Total - Fringe Benefits (B.)						7,021	5,259	12,280	
C. Staff Development for Contractor Staff only									

(1) Item	(2) Match	(3) Federal State	(4) Total Cost
1 Social Worker Semester Tuition	0	4,365	4,365
<i>Do not list registrations fees and related travel cost. List only tuition cost.</i>			
Total Staff Development (C.)	0	4,365	4,365

E. Equipment Purchases-Tangible Property

F. Transportation - Recipient									
(1) Item	(2) Method of Computation					(3) Match	(4) Federal State	(5) Total Cost	
1a. Contractor Recipient Transportation Staff Salaries									
# of Persons	Position or Title	Pay Grade	% of Time	# of Mos. Employed	Annual Salary				
1b. Contractor Recipient Transportation Staff Fringe Benefits									
Type		Method of Computation							
Total Transportation - Recipient (F.)									
G. Medical Supplies and Expenses									

(1) Item	(2) Match	(3) Federal State	(4) Total Cost
Total - Medical Supplies and Expense (G.)			

H. Cost of Space - Non-Residential Schedule

(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
<p>Attach a copy of current lease if cost are included for rent. (All cost should be prorated per # of staff included in application.)</p>				
Total Cost of Space - Non - Residential (H.)				

I. Room and Board Costs - Residential Treatment

(1) Item	(2) Method of Computation	(3) Match	(4) Federal State	(5) Total Cost
Total Room and Board Costs - Residential Treatment (I.)				

J. Service Payment

(1) No. of Units	(2) Item	(3) Cost per Unit	(4) Match	(5) Federal State	(6) Total Cost
Total - Services Payment (J.)					

K. Other Expense (Each Item listed is an Individual Object to be listed on the DSS-1571S, III)

(1) Item	(2) Match	(3) Federal State	(4) Total Cost
Supplies (<i>Itemize in Budget Narrative</i>)	0	32,150	32,150
Printing (<i>Describe in Budget Narrative</i>)	0	16,129	16,129
XXXXXXXX	0	5,000	5,000
XXXXXXXX	0	8,250	8,250
Subcontracts			
Thorpe, Inc.	0	32,000	32,000
Triangle, Inc.	0	15,190	15,190
In-Kind Agreement			
McAdams University (<i>Letter documenting match</i>)	11,250		11,250
Total - Other Expenses (K.)	11,250	95,469	106,710

L. Indirect Cost*

(1) Rate	(2) Rate Applied to: (list applicable line item titles)	(3) Amount Rate Applied to:	(4) Match (Unrecovered)	(5) Federal State	(6) Total Cost
44.5%	Salary, Fringe, Travel, Supplies	190,334	10,860	78,839	84,699
44.5%	Subcontracts (first \$25k)	40,190		17,885	17,885
	Deduction of Excess Contractor Funds			(34,711)	(34,711)
Total - Indirect Cost (L.)			10,860	62,013	72,873

**Attach a copy of current approved indirect cost rate plan.*

Part IV - Distribution of Estimated Revenue for Total Cost Reimbursement Method

A.		(a) Number	(b) Ratio	
	Estimated Eligible and Matchable Costs			
1.	Estimated Eligible Clients			%
2.	Estimated Ineligible Clients			%
3.	Total Clients			%

B. Eligible Costs

(1) Matchable Costs [Part IV, Line M, col. (3)]	(2) Less Program Income	(3) Net Matchable Costs [B.(1) Less (2)]	(4) Estimated % of Eligibles [A. 1. (b)]	(5) Costs Eligible for Financial Participation [B.(3) x (4)]
\$	\$	\$		\$

Part V - Computation of Unit Cost or Individual Fixed Rate

A.	1.	Total Matchable Costs	\$	
	2.	Less: Earned Income for Unit Cost Method	\$	
	3.	Net Matchable Costs		\$
B.	1.	Total Service Unit Capacity, or		
	2.	Total Anticipated Utilization Capacity		
C.		Method of Computation or Source of Data		
D.		Estimated Unit Cost or Individual Fixed Rate:	\$	per